# One Key Question ®: Implementation in Public Health (focus on clinic setting)

Monday, October 17, 2016, 2-4pm
Public Health Division
Maternal and Child Health Section
Title V Program



#### Housekeeping

- Dial-in for audio
   (you can't use your computer speakers)
- Place yourself on mute
- Do not place call on hold
- Webinar is being recorded



- "Raise your hand"
- Or type in the Questions/Chat box





#### **Agenda**

- Introductions of facilitators and sites
- Title V Well Woman Care Priority
- Overview of unintended pregnancy
- One Key Question® algorithm
- Implementation Plans
- Questions & Feedback

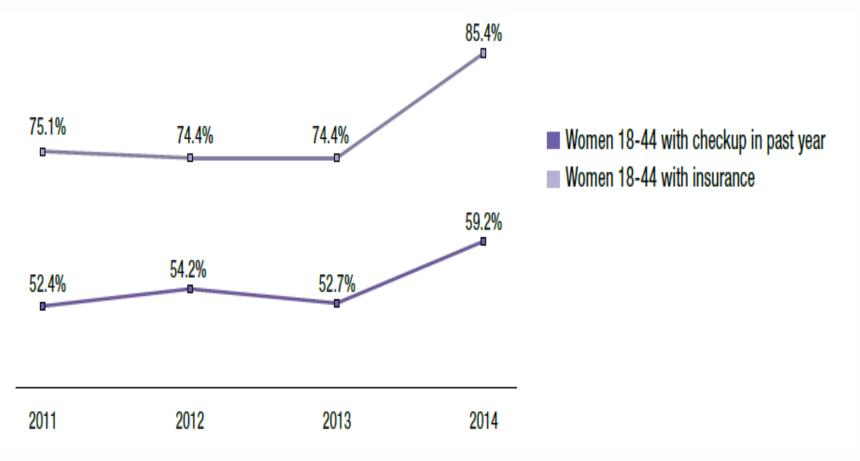


#### Access to high-quality well-woman care:

- Is a key driver for optimizing the health of women before, between and beyond potential pregnancies.
- Provides a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions, counseling to achieve a healthy weight and smoking cessation, and immunizations.
- Increases the likelihood that any future pregnancies are by choice rather than chance.
- Decreases the likelihood of complications for future pregnancies.



## Title V Performance Measure: Oregon women age 18-44 with checkup in the past year



Source: Behavioral Risk Factor Surveillance System



#### **Strategies: Well-woman Care**



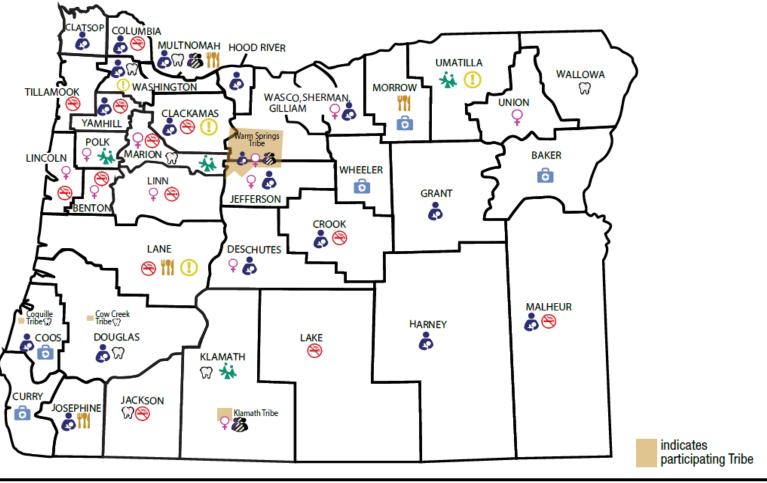
#1 Case-management to improve utilization of well-woman care

#5 Provide access to wellwoman care through Family Planning Clinics

#6 Use of the postpartum health care visit to increase utilization of well-woman visits



#### **Title V Grantees and Priorities**



Well Woman Care

Breastfeeding



**Physical Activity** in Children



**Smoking** 



Toxic Stress & Trauma



Nutrition and Food Insecurity



**CLAS Standards** 



Adolescent Well Care



**Oral Health** 



Integrating Pregnancy Intention Screening
An initiative of the Oregon Foundation for Reproductive Health

# Oregon Foundation for Reproductive Health

Non-profit advocacy organization based in Portland, Oregon

#### Mission:

We are dedicated to improving access to comprehensive reproductive health care, such as preventing unintended pregnancy and planning healthy families.

We are committed to advancing reproductive rights and advocating for reproductive health equity in all communities.

#### One Key Question®

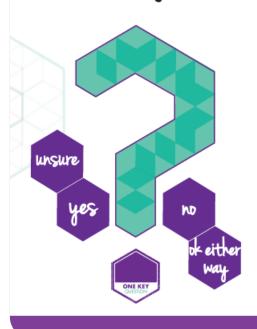
- An initiative born in Oregon to introduce pregnancy intention screening into a variety of health care settings
- Designed to support women in their own goals for if and/or when to have children
- Work to bring best-practice information on contraception & preconception care to a broader audience

"Would you like to become pregnant in the next year?"

#### OFRH Support

- Implementation Manual
  - ► Clinic and Staff inventory
  - Various algorithms for screening
- Custom Consultations
  - ▶ Clinic Flow, Data Collection
  - Additional trainings for providers and team
- OKQ patient brochures and posters

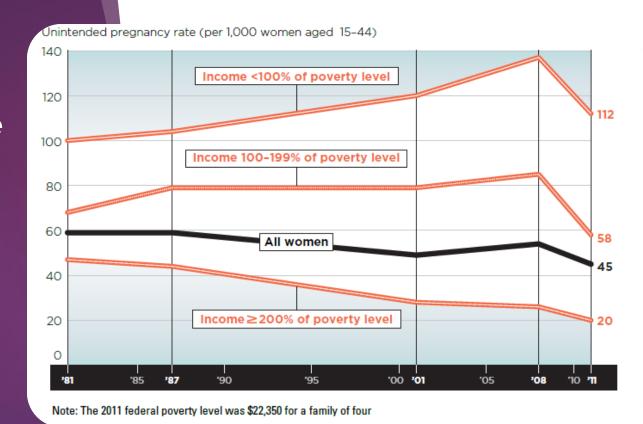
Would you like to become pregnant in the next year?



#### Facts

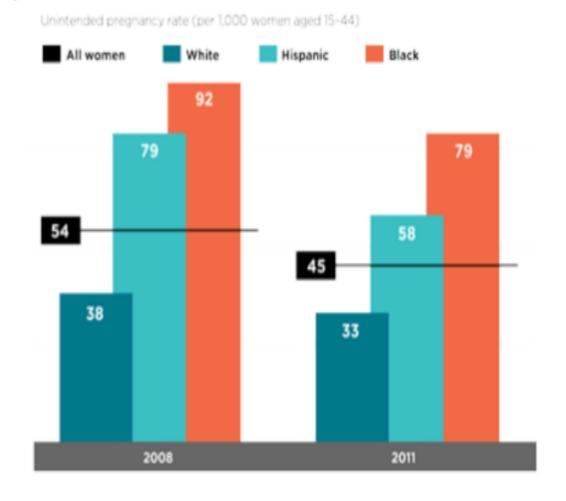
- By age 45, more than half of all American women will have experienced an unintended pregnancy
- ▶ In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended
- ► The average woman is fertile for 39 years and spends 3 decades trying to avoid an unintended pregnancy

Although the unintended pregnancy rate is declining, there are still large disparities by income



federal poverty level was \$22,350 for a family of four

And there are still large disparities by race



### Unintended Pregnancy Is Associated With...

- Health problems for both mother and infant
- Preterm birth, low birth weight, increased infant mortality
- Delayed prenatal care
- Increased depression, anxiety and physical abuse for mother

#### Lifetime Risk

	Percent of women who experience this condition in their lifetime
Cervical Cancer	0.7%
Alcohol Misuse	10%
Breast Cancer	12%
Depression	27%
Hypertension	28.5%
Diabetes	35.5%
<b>Unintended Pregnancy</b>	48%

#### One Key Question®

# "Would you like to become pregnant in the next year?"

- A simple screening question to facilitate a conversation with your patient/client regarding her <u>pregnancy intention</u>
- Designed to help ID the preventive reproductive health care needs of patients

#### Need to Screen Pregnancy Intention

- Do not assume family planning clients do not want to become pregnant
- Do not assume primary care patients will ask about birth control methods
- Do not assume you instinctively know which women are would like to become pregnant
- Ask at every visit as pregnancy intention changes

#### Goals of OKQ

Routine conversations about pregnancy intention

Proactive contraceptive care instead of reactive

Increase uptake of contraception & preconception care

Quality
improvement
strategies
(algorithms, metrics)

#### A variety of goals for providers:

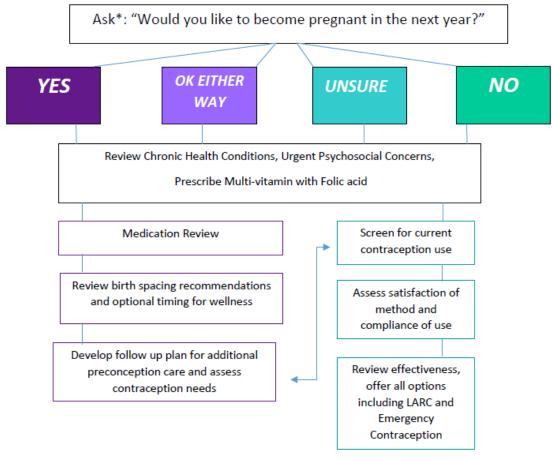
- Decreasing infant mortality
- Prevention of unintended pregnancy
- Substance abuse treatment centers screen for pregnancy intention
- Increase preconception care
- ► Improve birth outcomes
- ▶ Increase in LARC use

#### POLL:

- What are your sites goals for using OKQ?
- 1. Support patient centered pregnancy intention screening
- 2. Increase family planning referrals
- Support staff in talking about preventive reproductive health
- 4. Improve MCH health outcomes long-term
- 5. All of these and more

#### Algorithm

#### ONE KEY QUESTION®



#### One Key Question®

- ► Framed as "Would <u>you like</u>.." to focus on patient's own goals for her health
- Offers four possible response categories
- Steps away from 'plan' which does not resonate with some women for cultural, religious, or socioeconomic reasons
- Provide evidenced-based preconception and/or contraception care services or referrals based on woman's answer

#### If your patient answers... YES

Preconception care is defined as individualized care for men and women that is focused on reducing maternal and fetal morbidity and mortality, increasing the chances of conception when pregnancy is desired.

#### Preconception Advice

- Prevention/intervention to reduce high-risk pregnancies
  - Medication Review
  - Screen for chronic conditions
  - Folic Acid use

### Additional Preconception Advice

- 1. Advise to reduce/eliminate alcohol, tobacco, street drugs
- 2. Assess prior pregnancy outcomes and genetic risk (family history)
- 3. Screen for STIs
- 4. Check if immunizations are up to date
- 5. Recommend healthy diet, daily exercise, sleep, stress reduction
- 6. Advise a dental cleaning/check up
- 7. Screen for risk of intimate partner violence
- 8. Talk about the benefits of birth spacing (18 months)

CHECKLIST in Manual

#### Interconception

► The term "interconception care" is used when referring specifically to care provided between pregnancies

#### Birth spacing:

Pregnancies that start less than 18 months after birth are associated with delayed prenatal care and adverse birth outcomes, including preterm birth, neonatal morbidity, and low birthweight

Access to family planning counseling and contraception plays a key role in birth spacing and reduced risk for poor birth outcomes.

#### Contraception

After birth or at 6 week check-up: Long-Acting Reversible Contraceptives such as the IUD or implant are safe and effective

While breastfeeding: condoms, ParaGard IUD, progestin only options such as mirena/skyla, implant, depo (injection), POP's 'mini-pill'

#### Resources



# Show Your LOVE: Steps to a

Healthier me and baby-to-be!

You have thought about your goals for school, for your job or career and for your health. You have also thought about how having children fits in with those goals, and you have decided that you want to become pregnant. Your preconception (before pregnancy) health is very important and can affect the health of your future baby. By making a plan before getting pregnant and taking the time to get healthy, you can take the steps to a healthier you and baby-to-be. This is a tool to help you do that.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

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#### If your patient answers ...NO

- ► The best way to reduce the risk of unintended pregnancy is to use effective birth control correctly and consistently.
- ▶ Patients need the correct information on HOW to use methods and what to do if a mistake w/use is made
- Many women indicate they did not have enough education from a provider on their method-half of unintended pregnancies are due to incorrect use of contraception

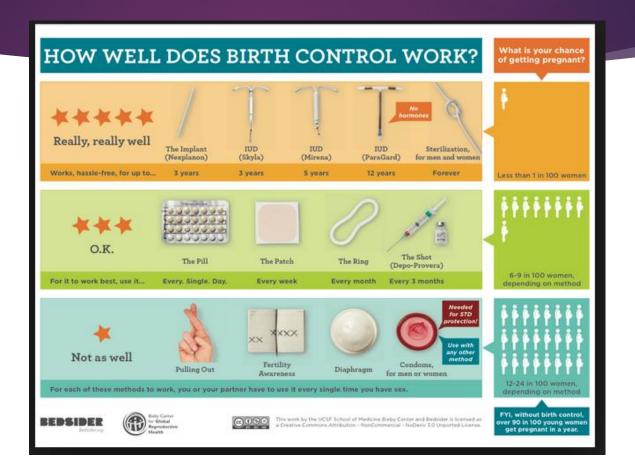
#### If your patient answers 'No'

- 1. Ask if she is currently using a birth control method
- 2. Check on her satisfaction with current method
- 3. Offer more options, including long-acting reversible contraceptives (IUD, Implant)
- 4. Include information on emergency contraception

#### Contraception Basics

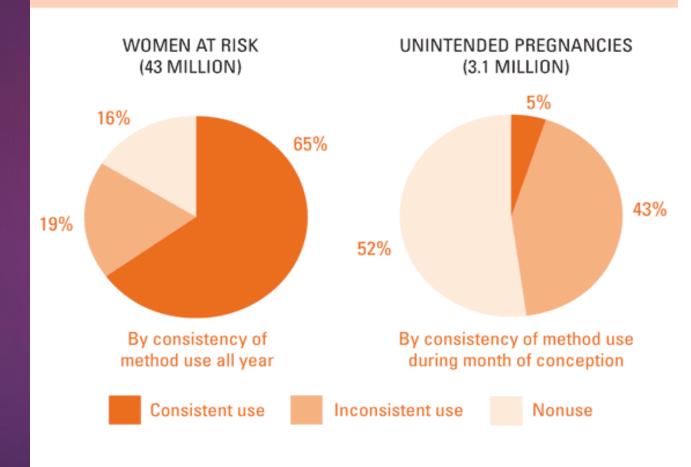
Many women use short-term or less reliable contraception because that is what they are used to

- ► The best method for women usually changes with time or with pregnancy/birth
- ► There are GREAT long-acting, reversible methods of contraception that would be ideal for many women



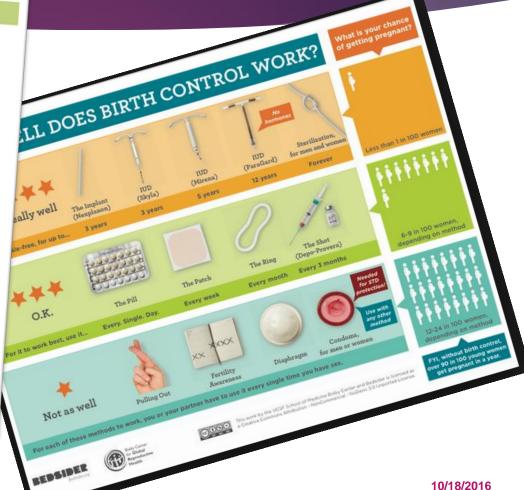
The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

Birth Control Works



#### Resources

#### FACT SHEET THE PILL HOW GO BIRTH CONTROL PILLS WORK! Birth control pills contain hormones like the ones your body makes. These hormones stop your protect you from the contract purposes contract to the purpose and the contract purposes and the contract of purposes. So method of both control is sorth effective. Birth control pills are 90-ye/% effective. Sexually HOW DO I START THE PILL! There are a ways to start the pill-Opids Starts Take your first pill as soon as you get the pack. Next period: Take your first pill soon after your met period bagins. condoms to Eyou take you first pill up to 5 dept after the start of your period, you we protected against prodect yourself. proposing rapin many. By you talknyour first pill more than 5 days after the start of poor period, you should non-HOW DO I USE THE PILLY . Once you start using the pill, take y pill each day. Take your pill at the name time each day. After you finish a pack of pills, you should start a new pack the next day. You should have WHAT IF I MISS PILLS? I forgue CAE pittle Take your pill as soon as you can. I forget TWO pills or more. Take your pill as soon as you can. Take your next pill at the would fine. Due condons for y days. Due emergency contracuption (EQ if you have WHAT IF I STOPPED TAKING THE PIGLAND HAD UNPROTECTED SEXP Take Emergency Contractation (IC) right away. ECcan proved pregnancy up to 5 days what NOW DOES THE PILL HELP MET The pill is safe and effective birth control. The particle may be more regular, lighter, and shorter. You may have clearer skin. the pill lowers your risk of getting cancer of the starus and resules. may per trainer your rate or ground concer to the source and orders. The pill has the effect on your shifty to get programt in the future, when you stop taking it. NOW WILL I FEEL ON THE PILL! You will be about the same, in the first 2-3 mostle you may have names, bleeding between yeared, unight charge, and/or broast pain. These problems often go away after 2-3 months. DOES THE PILL NAVE BISKS! . The pill is very safe. Sections problems are care. If you have any of the symptoms below, call - Log pain, swaling, and redness Weakness or numbers on a side of your body - End headache Vision problems Overf pain Uses builth provider can help you find out if these symptoms are signs of a serious problem. June 300] / $www.mproduction access, <math display="inline">\log$



#### 'Unsure' or 'Ok Either Way'

### OKQ is the only algorithm that includes more than just a yes/no response!

- Unsure & OK Either Way are common and real answers to a complicated question
- Providers should offer a combination of contraception & preconception care based on patients' needs and goals 10/18/20

### OKQ Identifies Ambivalence

One Key Question identified 20% more women who were at risk of unintended pregnancy than 'do you plan...' and other phrased pregnancy intention screening questions

Pregnancy ambivalent women exhibited similar contraceptive use rates to those women who were seeking pregnancy

Women who are pregnancy ambivalent are at an increased risk for unintended pregnancy due to low contraceptive rates

# Emerging Research

- Latest research on the complexity of pregnancy intentions
- ▶ In another large survey, 23% of women reported feeling "okay either way" when asked about pregnancy intentions
- Continuum of intentions and feelings
  - Planned vs unplanned
  - Happy vs upset
  - Wanted vs. unwanted
  - Timed vs. bad timing

# Using OKQ Language

FQHC Research, Milken Institute School of Public Health, George Washington University revealed:

- ▶70% women identified as not wanting to become pregnant
- Of these, 30% were not using birth control
- ▶23% of women identified as Unsure or OK Either way

### POLL:

- Have you heard of the new Coordinated Care Organization (CCO) metric on effective contraceptive use?
- 1. Yes
- 2. No

#### CCO Metric

# "Effective contraceptive use among women at risk of unintended pregnancy"

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year:

IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

## OKQ Sites: Oregon

 6 Coordinated Care Organizations have signed on to promote OKQ for use within their system

 46 Sites across Oregon will be screening with OKQ by the end of 2016

 Public Health approach connecting family planning, primary care, direct service, and dental



### One Key Question® Outcomes

#### Community Health Clinic:

- ▶30% of women needed follow-up with contraception or preconception care
- ▶ 70% did not require any follow-up services

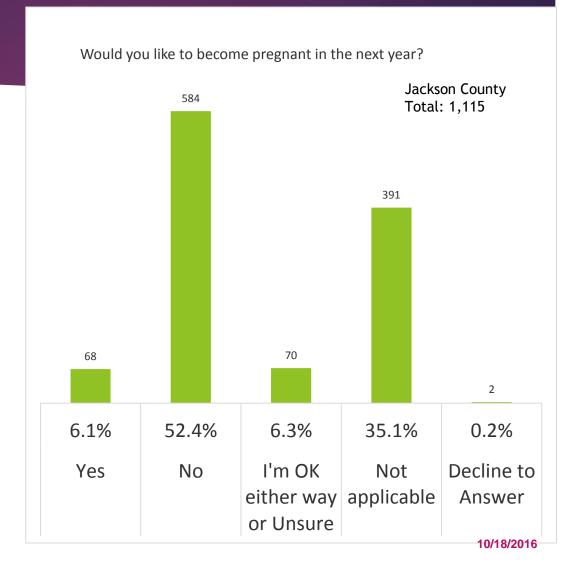
#### Family Planning Clinic:

- ▶60% of women were happy with their current method of contraception
- ▶23% received new contraception services
- ▶ 12% were given preconception care and advised to start folic acid

#### OKQ Outcomes

WIC: Connect women with better referrals, based on her needs

- 29% of women who indicated "no" were not using birth control
- 9% of women who were using a birth control method were not satisfied with it



# How do you start?

#### **Internal Steps**

- ▶ ID goals and objectives
- Inventory readiness through assessment of staff and services
- Develop Implementation Action Plan
- Develop workflow mapping with each site

# Address in Plan Implementation

#### Technical:

- Data collection and tracking
- Staff training

- Make implementation as easy as possible for direct service providers
- Don't over burden with reporting and data, just enough to show effectiveness
- Evaluate progress toward outcome

# OKQ Screening Form

One Key Question - Pregnancy Intention Screen

Would you like to become pregnant in the next year?						
No 🗆	Yes □	I'm Ok either way □OR Unsure □	Not Applicable □	Declined to Answer □		
<ul> <li>Are you using a birth control</li> </ul>	Are you taking folic acid or a	• Are you taking folic acid or a	☐ Sterilization			
method right now?	multi/prenatal vitamin?	multi/prenatal vitamin?	☐ Hysterectomy			
Yes: No:	Yes: No:	Yes: No:	□ Pregnancy			
			□ Other:			
If yes, are you happy with your birth		• Are you using birth control method right				
control method?		now?				
Yes: No:		Yes: No:				
		• If yes, are you happy with your method of				
		birth control?				
		Yes: No:				
¿Te gustaria quedar embarazada durante el proximo año?						

# Referral grid

#### Family Planning Referral List for Jackson and Josephine Counties

	<u>Clinic</u>	Title X (Title 10)	CCARE	<u>OHP</u>	Private Ins	Sliding Scale	Walk-in Welcome	Methods offered
Jackson County Public Health 541-774-8209								All methods of birth control offered.
**Movir	1005 E. Main St Medford, OR ng in December 2014** 140 S. Holly St. edford, OR 97501	•	•	•	•		•	
Ashland Clinic	nunity Health Center  White City Clinic							All methods of birth control offered.
541-482-9741 Medford Clinic 541-773-3863	541-826-5853 <b>Butte Falls Clinic</b> 541-842-7799							
La Clinica 541-618-1300								All methods of birth control offered.
Clinics in Phoenix, Medford and Central Point			•		•			
Planned Parenthood								All methods of birth

### DATA OPTIONS

#### **EHR**

- We have algorithm samples from a variety of EHR's
  - NextGen
  - Centricity
  - eClinicalWorks
  - ► EPIC

#### QI project

We have paper screening forms or you can incorporate OKQ into the forms you currently use

# Oregon Clinic Visit Record

OREGON CLINIC VISIT RECORD						
A. LAST NAME B.	FIRST NAME C. M.I					
D. SOC. SEC. NO E	. CCare NO.					
Items A-E only required for CCare Clients						
1. SERVICE SITE NUMBER	13A. CONT. MEDICAL SERVICES (Check all Applicable) STD Related Services					
2. CLIENT NUMBER    MO. DAY YR.   YR	☐ 11 - Vaginitis/Urethritis/Eval/Dx ☐ 28 - Gonorrhea Test ☐ 12 - Vaginitis/Urethritis/Eval/Rx ☐ 30 - Wet Mount ☐ 29 - Chlamydia Test ☐ 43 - HIV Test Standard					
4. DATE OF BIRTH	□ 13 - Chlamydia Treatment □ 44 - HIV Test Rapid □ 14 - Chlamydia Presumptive Rx □ 47 - VDRL/RPR □ 15 - Wart Treatment □ 50 - HPV Test					
6. ETHNICITY 6 - Hispanic or Latino 9 - Not Hispanic or Latino  6a. RACE (Mark All That Apply) 5 - Asian 6 - Other 1 - White 3 - American Indian 7 - Unknown/Not Reported 2 - Black/Afr. Amer. 4 - Alaska Native 8 - Native Hawaiian/Pac. Is  7. ADDITIONAL DEMOGRAPHIC (Check if Applicable)						
5 - Limited English Proficiency  7a. CLIENT'S PREVIOUS TEST DATES - Females Only Mo.   YR.	□ 08 - Preconception □ 20 - TSE □ 06 - Substance     □ 13 - Abstinence □ 15 - Crisis Abuse     □ 07 - Pregnancy Options □ 17 - Encourage Parental/Family Involvement					
1 - Chlamydia (age ≤ 24)	19. PREGNANCY INTENTION SCREENING  1 - Yes, Near Future 3 - Unsure					
8. ZIP CODE	2 - No, Maybe Later 4 - Never					
9. ASSIGNED SOURCE OF PAYMENT (Check one)  01 - No Charge	13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply)  1 - Physicians 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives 3 - RNs, LPNs					

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# Maternity Case Management Encounter/Data Form

	Perinatal Risk Fact			
	<18 years	☐ <hs education="" td="" ☐<=""><td>Developmental Disability</td><td></td></hs>	Developmental Disability	
	☐ IPV	Medical Risk (e.g., hypertension, obes		
	☐ Mental Health	Nutrition	Substance Abuse	
	☐ Tobacco Use	☐ Unmarried ☐	Unplanned Pregnancy	
	Other			
				4
Family Planning (FF	P)			
A - Client has reproductive plan		1 - Individual Teaching	2 - Case Management	☐ 3 - Referral
B - Client does not have reproductive plan		4 - Behavior Change Tec	hnique	
A - Client uses contraceptive method (FC)		1 - Individual Teaching	2 - Case Management	3 - Referral
B - Client does r	not use contraceptive method	d 4 - Behavior Change Tec	hnique	

### OKQ Evaluation for Impact

#### Data:

- Number of women screened
- Responses (yes, no, unsure, ok either way) and date
- Increase in preconception care/info/referral
- Increase in contraception care/info/referral
- Move to more effective contraception methods (tier 1)

# One Key Question® is designed to...

- Start a conversation about preventive reproductive health in primary care
- Prevent pregnancies that are unwanted or mistimed
- 3. Increase the proportion of pregnancies that are better prepared for

"Would you like to become pregnant in the next year?"

#### Let's Hear From You

#### Each site please share:

- Thoughts on plans for implementation including:
  - Where OKQ will be documented?
  - How you can evaluate the impact?
  - When do you want a check in call?

### Contact Us

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